STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145771	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bluff Nursing Home	4401 North Main Street Rockford, IL 61103

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on interview and record review the facility failed to ensure a resident was offered a maintenance ambulation plan for 1 of 3 residents (R2) reviewed for maintaining mobility in the sample of 3.The findings include:On 5/26/26 at 8:56 AM, R2 said staff did not assist him to walk in the hallways on 5/17/26. R2 added he tries to walk daily to maintain his ability to walk and staff should know he needed to be walked daily. R2's Care Plan with an initiated date of 4/23/26 showed R2 had limited mobility and the goal was for a maintenance ambulation plan to maintain the ability to walk. Floor staff were to offer ambulation assistance with walking the hallway once a day for 5-7 days a week. The same care plan showed R2 refused to use his call light to be assisted with walking. On 5/26/26 at 10:52 AM, V5 (Restorative Nurse) said R2's goal was to maintain his ability to walk. V5 said on 5/17/26 staff did not offer R2 his maintenance ambulation plan. V5 said V18 (Certified Nursing Assistant - CNA) was taking care of R2 and V18 was under the assumption R2 would ask to be walked. V5 confirmed R2 will not ask to be walked. V5 reviewed R2's Maintenance Ambulation Plan Task Documentation for 5/17/26 and said it showed R2 completed the task however that documentation was not correct. V5 said that it was the expectation for the day shift CNAs to offer to walk R2 daily and that did not happen on 5/17/26. V5 added the reason there was a range of 5-7 days a week in R2's mobility care plan was to account for R2's refusal to walk at times and the maintenance ambulation plan should be offered daily. R2's Task documentation for Day Shift Staff to Offer to Walk with R2 for 5/17/26 had a check mark under not applicable. R2's Mobility Maintenance Audit documentation indicated R2 did not walk on 5/17/26. R2's Progress Notes dated 5/21/26 showed on 5/17/26 R2 did not ask to be walked therefore V18 assumed R2 did not want to walk.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE